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TO: Examiner M.W. Kahelin	FROM: Tomas Lendvai, Ph.D. Reg. No. 57,488					
COMPANY: Commissioner for Patents U.S. Patent and Trademark Office	DATE: 8/8/2006					
FAX NUMBER: (571) 273-8300	TOTAL NO. OF PAGES INCLUDING COVER:					
ART UNIT: 3762	ATTORNEY DOCKET NUMBER: S232-USA					
RE: U.S. Patent Application No. 10/655,772 Filed September 5, 2003	CUSTOMER NO. 28284					
☐ URGENT ☐ FOR REVIEW ☐ PLEAS	E COMMENT   PLEASE REPLY   PLEASE RECYCLE					
NOTES/COMMENTS:	·					

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		III JAN ALVII	Application Number		0665.77		inica	s it displays a valid OMB control number.
T	RANSMITTAL		Filing Date	S	eptembe	r 5, 2003		
	FORM	ı	First Named Inventor		10u, et a	<del></del>		
			Art Unit	37	62			
(to be used t	for all correspondence after initial fi	ing)	Examiner Name	M.	W. Kahe	elin		
	of Peges in This Submission 3		Attorney Docket Numb	per sz	32-U\$A			
	ENCLOSURES (Check ell that apply)							
Fee Tra	ansmittel Form	О	rawing(s)	_		<del></del>	Afte	r Allowance Communication to TC
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		P	etition to Convert to a				(App	est Notice, Brief, Reply Brief)
	After Final	PC PC	rovisional Application ower of Attorney, Revoc	ation	İ		Prop	prietary Information
	Affidavits/declaration(s)		hange of Corresponden	ce Addn	222			us Letter or Enclosure(s) (please (dentity
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	Second Sight Medical Produ	cts, Inc.						
	Signature Long Legolina.							
Printed name	Tomas Lendval, Ph.D.							
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CERTIFICATE OF TRANSMISSION/MAILING								
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CHANGE OF	Application Number	10/855,772				
CORRESPONDENCE ADDRESS	Filing Date	September 5, 2003				
Application	First Named Inventor	Zhou, et al.				
Address to:	Art Unit	3762				
Commissioner for Patents P.O. Box 1450	Examiner Name	M.W. Kehelin				
Alexandria, VA 22313-1450	Attorney Docket Number	S232-USA				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
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Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number						
Signature Language Lendra.						
Typed or Printed Name Tomas Lendval, Ph.D.						
te AUG - 8 2006 Telephone (818) 833-5072						
NOTE: Signatures of all the Inventors or assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one alignature is required, see below.						
*Total of 1forms are submitted.						

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